Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>January 13, 2008</u>	$\Lambda ddress:$	CR 39 APPROX, 1/2 MILE
Case #:	<u>24-28898</u>		NORTH OF SR 120
County:	<u>Elkhart</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): OPEN AIR			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: OPEN AIR			
Water Reactive Metal (Lithium): OPEN AIR			
Anhydrous Ammonia: <u>OPEN ΛΙR</u>			
Mydrochloric Acid Gas Generator(s): OPEN AIR			
Corrosive Acid: OPEN AIR			
Corrosive Base: OPEN AIR			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine Retail/Mo	e Information c/Pseudoephedrine Tracking Log crehant Tip oned, trash dump
This report	t is to be faxed to the following agen	cies that serve the lo	ocation:
Fire Departs	ment: <u>Middlebury</u>	Fax: <u>574-825-1484</u>	
Health Department: Elkhart County		Fax: <u>(574)</u> Fax: N/A	<u>295-6186</u>
Child Protection	etion Service: N/A	- W. 1111	•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: AARON CAMPBELL Phone 219-696-6242			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.